

Entity Number <u>213177</u>		Applicant's Form Identifier <u>Mid FL FY2011-FCC Appeal</u>	
Contact Person <u>Gwen Barris</u>		Phone Number <u>813-728-8426</u>	

Block 5: Discount Funding Request(s)
Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.

Amended
 Block 5, page 2 of 4

<p>10 <input checked="" type="checkbox"/> If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided: <u>2210003</u></p>		
<p>11 Category of Service (only ONE category should be checked)</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><input checked="" type="checkbox"/> PRIORITY 1 Telecommunications Service</p> <p><input type="checkbox"/> Internet Access</p> </div> <div style="width: 48%;"> <p><input type="checkbox"/> PRIORITY 2 Internal Connections Other than Basic Maintenance</p> <p><input type="checkbox"/> Basic Maintenance of Internal Connections</p> </div> </div>	<p>23 Calculations</p>	
<p>12 Form 470 Application Number <u>404600000909486</u></p>	Recurring Charges	<p>A. Monthly charges (total amount per month for service) <u>\$ 4,055.01</u></p>
<p>13 SPIN – Service Provider Identification Number <u>143004007</u></p>		<p>B. How much of the amount in A is ineligible? <u>\$ 0</u></p>
<p>14 Service Provider Name <u>Lightyear Network Solutions</u></p>		<p>C. Eligible monthly pre-discount amount (A minus B) <u>\$4,055.01</u></p>
<p>15a <input checked="" type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.</p>		<p>D. Number of months service provided in funding year <u>12</u></p>
<p>15b Contract Number <u>MTM</u></p>	Non-Recurring Charges	<p>E. Annual pre-discount amount for eligible recurring charges (C x D) <u>\$ 48,660.18</u></p>
<p>15c <input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).</p>		<p>F. Annual non-recurring charges <u>\$ 0</u></p>
<p>15d <input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: _____</p>		<p>G. How much of the amount in F is ineligible? <u>\$ 0</u></p>
<p>16a Billing Account Number (e.g., billed telephone number) <u>1408191</u></p>		<p>H. Annual eligible pre-discount amount for non-recurring charges (F minus G) <u>\$ 0</u></p>
<p>16b <input type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.</p>	Total Charges	<p>I. Total funding year pre-discount amount (E + H) <u>\$ 48,660.18</u></p>
<p>17 Allowable Vendor Selection/Contract Date (mm/dd/yyyy) <u>3/13/2011</u></p>		<p>J. Discount from Block 4 Worksheet <u>90%</u></p>
<p>18 Contract Award Date (mm/dd/yyyy) <u>N/A</u></p>		<p>K. Funding Commitment Request (I x J) <u>\$ 43,794.16</u></p>
<p>19 Service Start Date (mm/dd/yyyy) <u>7/1/2011</u></p>		
<p>20a Service End Date (mm/dd/yyyy) <u>6/30/2012</u></p>		
<p>20b Contract Expiration Date (mm/dd/yyyy) <u>N/A</u></p>		

21 **Description of This Service:** **NOTE: All Item 21 Attachments must be filed before the close of the filing window.**
 You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.

Attachment
L-1

22 **Entity/Entities Receiving This Service:**

a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: detailed spreadsheet

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): _____